

Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E A ONE		
1 File Number U 9026	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name Timothy E Riva.	Name Sheet metal workers Local Union 218	
	Labor Organization File Number 517-625	
PO Box Bldg Room No If any	P O Box Building and Room Number if any	
Street 154 E. Michigan	Street 2855 Via Verde	
City Jacksonville	City Springfield	
State Illinois ZIP Code + 4 62650	State Illinois ZIP Code +4 62703	
5 Position in labor organization Trustee		
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of		
M. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit or monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7 a Nature of interest Transaction or income		
6 Name and address of Employer (including trade name if any)	Ta reade of microst Transaction of mount	
Name		
Trade Name If any		
PO Box Bldg Room No If any	7 b Amount	
Street		
City		
State ZIP Code + 4		
Signature 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information		
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed Signed Signed Signed	on 8/12/05 (217) 243-5578	
CALL MANAGEMENT AND	Date Telephone Number	

Name of Person Filing Timothy E. Riva		File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Shept Metal Workers Local 2185 Apprenticeship and Development Fund Trade Name if any Smlw 218 S JATC PO Box, Bidg Room No if any Street 2855 Via Verde. City Springfield State Illinois ZIP Code +4 62703	9 Business deals with a. Labor Organiza b Trust c. Employer	dion	
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	to Local Union 11 b Approximate dollar value 12.a Nature of interest hele Compensation 1	S JATC 1s a related trust 218 De of such dealing d or income received received represents reimbursed per diem for attending inticeship contest in	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a. Nature of payment		
Name			
Trade Name if any			
P O Box Bldg Room No If any Street City State ZIP Code + 4			
13 b is the Business an Employer or Consultant?	14 b Amount of payment		